families of low income. The health messages prepared and distributed in a single year would fill eight or ten fair-sized books. Health education is an especially logical activity for a health council because its scope embraces the whole field from dental to mental health and because official departments usually find it difficult to secure funds for effective education and publicity.

Concentrating its efforts on health problems related to the war, the Federation initiated a Consultation Service for men rejected at the local Induction Center and is now conducting psychiatric screening of registrants in coöperation with Selective Service. It has played an important rôle in the effort to reduce unnecessary demands upon physicians and nurses and in promoting enrollment in schools of nursing.

The Federation's work is financed principally from Community Chest appropriations. Its staff consists of an Executive Secretary who is also the Head of the Better Housing League, an Associate Secretary (a physician who serves also as Director of Research), a Health Education Assistant, and two volunteers. One of the volunteers gives full time and does a remarkably efficient job as Assistant Secretary. The other volunteer, who devotes most of his time to the work, is a distinguished authority on advertising technics and is the Federation's President.

Cincinnati is cited as an example because it has one of the oldest of such coördinating health agencies. Other leading Councils, such as those in Cleveland, Boston, Louisville, Chicago, or Philadelphia, would have served as well. Health councils are now functioning in about fifty cities. Unfortunately, many of them are weak and ineffective because they lack funds and leadership. There is no magic in the word "health council." Only if such a council has vigorous, intelligent direction and financial backing can it develop effective teamwork in the health field.

Medicine and the allied sciences have given us powerful tools for health building, of which no community is making the fullest use. The health council is one means by which citizens and community health forces can unite to make such tools effective.

EVALUATION OF CLINIC NURSING SERVICE

THE health administrator should be keenly interested in the intensive survey of Public Health Nursing Services in Clinics sponsored by the N.O.P.H.N. Committee on Nursing Administration. This study covered 212 clinics and health conferences of various types (child health, crippled children, maternity, tuberculosis, and venereal disease) in 38 states—a very representative sample. As a basis for the survey, lists were drawn up of 27 activities which might be performed in preparation for the actual clinic session, 105 activities which might be performed during the session, and 15 activities which might be performed after the session. The lists of these activities were then submitted to a jury of public health administrators, physicians, and public health nurses for the selection of those functions which should be performed by the public health nurse and in this way two pre-clinic, seven clinic, and four post-clinic activities (with other functions in certain special types of clinics) were defined as among the primary tasks of the public health nurse. This standard was then checked against actual practice in the 212 clinics studied.

The basic duties so selected were chiefly concerned with two fundamental functions—direct personal contact with the patient and health education. These are the two things which only the trained public health nurse can most effectively accomplish. They differ of course with different types of clinics. In the case of child health there were 18 public health nursing functions, 14 of which were actually performed by nurses in 50 per cent of the clinics studied. In the case of crippled children's clinics, only 7 out of 16 functions were actually performed by public health nurses in 50 per cent of the clinics. Maternity clinics showed 9 out of 13 functions so performed; tuberculosis clinics, 10 out of 15; venereal disease clinics, 6 out of 16. Clearly many tasks which should be accomplished by the public health nurse are either not being performed at all or are being delegated to less competent personnel.

On the other hand, the nurses in these clinics are devoting much of their time to many other activities not accepted as essential public health nursing functions—to duties such as preparing examining tables, distributing and caring for linen, recording weights, making out reports, and cleaning up equipment, which could quite as well be performed by nurses without public health training or by volunteers or paid assistants.

Assuming—as we must—that the primary purpose of the health clinic or conference is an educational one, it is clear that the practices revealed by this study not only represent a serious waste of professional time but also involve failure to attain maximum results from the procedure as a whole. It is the responsibility of the public health administrator, first, to secure well qualified public health nurses (only 32 per cent of those found functioning in the present study had completed a special program of study in public health nursing and only 53 per cent had had prior public health experience); and, second, to organize the service so as to use appropriate personnel for each particular task.

We have only touched on the highlights of this N.O.P.H.N. report, which contains not only analysis of various clinic functions but very suggestive time-study data. The entire report should be read to obtain its full value.[1] Above all, health officers and directors of nonofficial health agencies would do well to obtain from the N.O.P.H.N. copies of the appraisal schedule used and to evaluate the organization of the clinics and conferences for which they are responsible by the excellent procedure here developed.

REFERENCE

1. Hilbert, Hortense, R.N. Public Health Nursing Services in Clinics. *Pub. Health Nurse,* May and June, 1944. Reprint 35 cents from N.O.P.H.N.